NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

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Compensation for current period: \$

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Address: 155 Minepla Blvd.	State: NY	ZIP code: 1150
city: Mineola	SIGIE.	and Prince and A public Specimen (Control on Assertation Advanced Service Service as a prince on the service as
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Address: 250 Main St.		
C C I	State: NY	ZIP code: 1420
City: Buffalo Phone: (716) 849-3380		
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Single Source Entity's Name: Sterling Insur	ance Company	The state of the contraction of
or	First Name:	No. Address of the Control of the Co
Single Source Person's Last Name:	Po Box 9	
Address: 182 Barnerville Road, F	State: NY	ZIP code: 1204
city: Cololeskull		A CONTRACTOR OF THE CONTRACTOR
Phone: (518) 234 - 2521	Amount of Contribution: \$	277 .00
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or Single Source Person's Last Name:	First Name:	green and the state of the stat
Address: 120 Broad way, 31st Floor	or	Management of the second of th
City: New York	State: NY	ZIP code: 10271
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Single Source Entity's Name: Utica First	Insurance Company	
or	First Name:	The second section of the second
Single Source Person's Last Name:		
Address: PO Box 851	State: NY	IIP code: 13503
City: Utica Phone: (315) 736-8211	• Control of the Cont	
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Address: 75 Sam Fonzo Drive	The second secon	Color for a post of the residence of the colorest states of the color
city: Beverly	State: MA	ZIP code: 01915
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Address: 1000 Nationwide Drive		en over de la contra anno esta la contra esta de la contra
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Address: One Park Avenue		
City: New York	State: NY	ZIP code: / ∞ / δ
Phone: (212) 591-9500		Construction of the construction of the construction resolves are constructed another account of the construction of the const
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Of the Course Person's Last Name:	First Name:	
Address: 6 Hilman Drive, Suite 20	00, Corporate Law.	- East
City: Chads Ford	State: PA	ZIP code: 19317
Phone: (610) 361-4150		
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City Carcon a ville	State: NY	ZIP code: 1/738
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Address: 40 Wall Street, 14th Floor	CONTINUE TO A CONTINUE TO	710
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	Person, State Agency, Municipality or Legislative
VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
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	Auditide and Identifying Numbers of procurement
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:
O Continued on attached pages	O Continued on attached pages
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
O Continued on attached pages	O Continued on attached pages
XI Declaration	
This Declaration must be signed by the Chief Administrative reason, does not sign, he/she must duly designate another because under penalty of perjury that the information of the control	mation contained in this report is true,
correct, and complete to the best of my knowled	16 23 12
	DATE: 4-23-12 FIRST Ellen
PRINT NAME: LAST Melchionni	FIRST TIEN
TITLE: President	Design and Attack Lotton
Mark One: X Chief Administrative Officer O	Designee(Attach Letter)
	ort at the time of submission:
The following MUST be attached to this repo	nual report. (No fee is required for amendments to the original)
You must attach a \$50 dollar filing fee to each semi-drif If applicable, a designation letter if you have marked de	esignee in section XI.
If applicable, continuation sheets for sections III,IV,V,VI,V	III,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.